

**SMO MSD075 Pre-Test Questionnaire**  
**Subject to the Privacy Act of 1974**

Subject Code: \_\_\_\_\_

Date: \_\_\_\_\_

Test Session: \_\_\_\_\_

Have you been ill within the last week? YES / NO

If yes, please explain:

Have you taken any medications (aspirin, cold medication, prescriptions) within the last 48 hours? YES / NO

If yes, please specify:

Have you been exposed to any unusual motion experiences (flight simulators, diving, KC-135 flights, aerobatic flying, etc.) within the last week? YES / NO

If yes, please specify:

On a scale of 1 - 10 (0 = poor; 5 = normal; 10 = excellent), how do you rate your present state of well being? \_\_\_\_\_

How many hours did you sleep last night? \_\_\_\_\_

Was that a sufficient amount of sleep? YES / NO

Please specify the amount of alcohol consumed within the last 24 hours.

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